



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

Date:

Company:
Company Contact:
Address
City, State ZIP

**RE: MERGER OF Sample Insurance Company (NAIC# 99999)
WITH AND INTO Surviving Company (NAIC# 00000)**

To Whom It May Concern:

This will acknowledge receipt of your notification concerning the merger. To allow this Department to properly record the merger, the following documents must be filed:

PLEASE PROVIDE	ITEM
<input checked="" type="checkbox"/>	Copy of the approval for Sample Insurance Company granted by the OutCoDomState Department of Insurance, bearing original certification (not a photocopy).
<input checked="" type="checkbox"/>	Copy of the approval for Surviving Company granted by the SurvCoDomState Department of Insurance, bearing original certification (not a photocopy).
<input checked="" type="checkbox"/>	The original Certificate of Authority issued to Sample Insurance Company by the Tennessee Department of Insurance, or an Affidavit of Lost or Misplaced Certificate.
<input checked="" type="checkbox"/>	Completed Withdrawal of Foreign Charter form. A blank form is enclosed for your convenience.
<input checked="" type="checkbox"/>	A written statement that, as a result of the merger, Surviving Company will not hold more than 5% of the total market share per Tennessee Code Annotated Section 56-11-204(b).
Upon completion of this process, The company will be billed on a retaliatory basis.	

Please provide an e-mail address. Should you have any questions, feel free to contact me at (615) 741-1670, or at phil.adams@state.tn.us.

Regards,

Phil Adams
Analyst

State of Tennessee

Withdrawal of Foreign Charter

STATE OF _____ }

COUNTY OF _____ }

_____, (Vice) President, and _____,
(Assistant) Secretary of _____, a corporation
organized and existing under and by virtue of the laws of the State of _____,
which corporation heretofore complied with the foreign corporation laws of the State of
Tennessee, each being duly sworn, deposed as follows: That on and after the _____ day
of _____, 20____, said Company discontinued doing business in the State of
Tennessee and since that time has owned no property, had no office, done no business, and
does not intend to transact further business in the State of Tennessee.

It, therefore, relinquishes its right to carry on its business in Tennessee and requests
that its Certificate of Authority, which is hereby surrendered, be cancelled as of the
day of _____, 20_____.

(Vice) President

(Assistant) Secretary

Sworn to and subscribed before me, a Notary Public in and for County and State aforesaid, on the
day of _____, 20_____.

Notary Public

My commission expires: